

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0386 (July 2002)	FOR FCC USE ONLY
<b>Notification of Suspension of Operations / Request for Silent STA</b>		FOR COMMISSION USE ONLY FILE NO. <b>BLSTA - 20081215ACN</b>
Read Instructions/FAQ before filling out form		

**Section I - General Information**

1.	Legal Name of the Applicant MINNESOTA PUBLIC RADIO		
	Mailing Address 480 CEDAR STREET		
	City ST. PAUL	State or Country (if foreign address) MN	Zip Code 55101 -
	Telephone Number (include area code) 6512901259	E-Mail Address (if available) FCCFILING@MPR.ORG	
	FCC Registration No 0002642510	Call Sign K247BF	Facility ID Number 152179
2.	Contact Representative (if other than licensee/permittee) TODD M STANSBURY	Firm or Company Name WILEY REIN LLP	
	Mailing Address 1776 K STREET NW SUITE 500		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20006 -
	Telephone Number (include area code) 2027194948	E-Mail Address (if available) TSTANSBURY@WILEYREIN.COM	
3.	Purpose:		
	<input type="radio"/> Notification of Suspension of Operations		
	<input type="radio"/> Notification of Suspension of Operations and Request for Silent STA		
	<input checked="" type="radio"/> Request for Silent STA		
	<input type="radio"/> Request to Extend STA		
	<input type="radio"/> Resumption of Operations		
4.	Community of License: City: DECORAH State: IA		
5.	Reason for going silent: <input checked="" type="radio"/> Technical <input type="radio"/> Financing <input type="radio"/> Staffing <input type="radio"/> Program Source <input type="radio"/> Other		
6.	Please provide a justification for the request	[Exhibit 1]	
7.	Date Station has gone / will go silent: 11/24/2008 (mm/dd/yyyy)		
8.	Anti-Drug Abuse Act Certification. Applicant certifies that neither applicant nor any party to the application is subject to denial of federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862.	<input checked="" type="radio"/> Yes <input type="radio"/> No	

I hereby certify that the statements in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge that all certifications and attached Exhibits are considered material representations.

Typed or Printed Name of Person Signing THOMAS J KIGIN	Typed or Printed Title of Person Signing EXECUTIVE VICE PRESIDENT
Signature	Date (mm/dd/yyyy) 12/15/2008

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

---

**Exhibits**

---

**Exhibit 1****Description:** EXH. 1 / EXPLANATION

K247BF (DECORAH, IA) HAS BEEN OFF THE AIR SINCE 11/24/2008 OWING TO INTERFERENCE PROBLEMS. THE COMMISSION WAS NOTIFIED OF THIS BY LETTER FILED NOVEMBER 26, 2008. THE LICENSEE IS IN THE PROCESS OF APPLYING FOR A MINOR MODIFICATION TO CHANGE THE CHANNEL FOR THIS FACILITY SO AS TO ELIMINATE THE INTERFERENCE.

---

**Attachment 1**

---